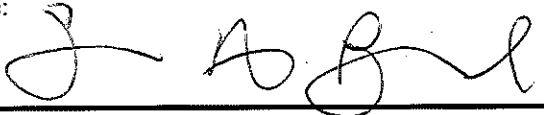
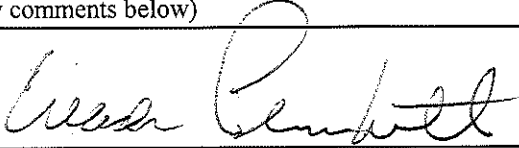


| | |
|----------------------------------|-------------|
| Report Type: | New Entrant |
| Year (Annual Report only): | |
| Date of Appointment/Termination: | 9/14/2018 |

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

| | | | | |
|--|------------|----|---|--------|
| Filer's Information | | | | |
| Last Name | First Name | MI | Position | Agency |
| Barela | Sean | | Administrative Assistant Office of Communications | OPM |
| Other Federal Government Positions Held During the Preceding 12 Months: | | | | |
| | | | | |
| Name of Congressional Committee Considering Nomination (Nominees only): | | | | |
| | | | | |
| Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge: | | | | |
| Signature:  | | | Date: 10/4/18 | |
| Agency Ethics Official's Opinion - On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below) | | | | |
| Signature:  | | | Date: 10/4/18 | |
| Other Review Conducted By: | | | | |
| Signature: | | | Date: | |
| U.S. Office of Government Ethics Certification (if required): | | | | |
| Signature: | | | Date: | |
| Comments of Reviewing Officials: | | | | |

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 1: Filer's Positions Held Outside United States Government

| # | Organization Name | City/State | Organization Type | Position Held | From | To |
|-----|---|-------------|---------------------------|---------------|-----------|-----------|
| 1. | State of Texas: Office of Capital Cases | Lubbock, TX | State Criminal Law Office | intern | July 2016 | July 2016 |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 2: Filer's Employment Assets and Income

| # | Description | EIF | Value | Income Type | Income Amount |
|-----|-------------|-----|-------|-------------|---------------|
| 1. | none | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | Page Number | |
|---|-------------------|------------|------------------|------|
| | | | | |
| Part 3: Filer's Employment Agreements and Arrangements | | | | |
| # | Employer or Party | City/State | Status and Terms | Date |
| 1. | none | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
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| 10. | | | | |
| 11. | | | | |
| 12. | | | | |

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | Page Number |
|--|-------------|------------|-----------------------------|
| Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year | | | |
| # | Source Name | City/State | Brief Description of Duties |
| 1. | none | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | | | Page Number |
|--|-------------|-----|-------|-------------|---------------|
| Part 5: Spouse's Employment Assets and Income | | | | | |
| # | Description | EIF | Value | Income Type | Income Amount |
| 1. | none | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 6: Other Assets and Income

| # | Description | EIF | Value | Income Type | Income Amount |
|-----|-------------|-----|-------|-------------|---------------|
| 1. | none | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 7: Transactions

| # | Description | Type | Date | Amount |
|-----|-------------|------|------|--------|
| 1. | | | | |
| 2. | | | | |
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 8: Liabilities

| # | Creditor Name | Type | Amount | Year Incurred | Rate | Term |
|-----|--------------------------------|--------------|---------------------|---------------|-------|---------|
| 1. | FAFSA - DEPT OF ED/GREAT LAKES | Student Loan | \$10,001 - \$15,000 | 2014 | 4.29% | 10 year |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 9: Gifts and Travel Reimbursements

| # | Source Name | City/State | Brief Description | Value |
|-----|-------------|------------|-------------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
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